

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 26, 2005 08:00 A
Secretary of State

DOCUMENT # 760636

1. Entry Name
THE CAN-AM I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3629 MINEOLA DRIVE
SARASOTA, FL 34239 US

Mailing Address

3629 MINEOLA DRIVE
SARASOTA, FL 34239 US



01222005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2144896

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, MALCOLM C.
3629 MINEOLA DR.
SARASOTA, FL 34239

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCOTT, MALCOLM C.
STREET ADDRESS 3629 MINEOLA DR.
CITY-STATE-ZIP SARASOTA, FL

TITLE STD
NAME SCOTT, GERI G.
STREET ADDRESS 3629 MINEOLA DR.
CITY-STATE-ZIP SARASOTA, FL

TITLE D
NAME SCOTT, DAVID
STREET ADDRESS 3629 MINEOLA DRIVE
CITY-STATE-ZIP SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6501 SCOTT

1/24/05

941 362 3372